



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
Santiago		Alexander		
MAILING ADDRESS (Street)				FAX
(City)		(State)	(Zip Code)	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street)				FAX
(City)		(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Keiki O Ka Aina Family Learning Center			843-2502
MAILING ADDRESS (Street)			FAX
3030 Kalihi St.			843-2572
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Jack Randall			845-3446
MAILING ADDRESS (Street)			FAX
3030 Kalihi St.			843-2572
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

Planning, Land & Water
Use Management

Other: (Indicate below)

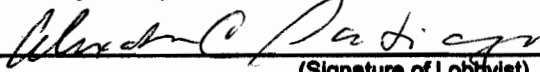
Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)1/22/06
(Date)**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Teresa L. Durand

Executive Director

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Keiki O Ka Aina Family Learning Centers

843-2502

MAILING ADDRESS (Street)

FAX

3030 Kalihi St.

843-2572

(City)

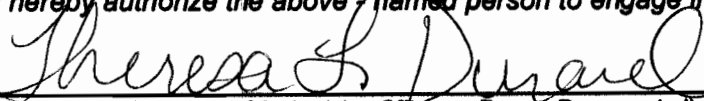
(State)

(Zip Code)

Honolulu, HI

96819

I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)1/23/06
(Date)